

# SMALL FLEET MILEAGE SUPPLEMENT

**Please indicate the estimated mileage per state  
To be driven in the upcoming policy year. Please indicate  
any Canadian mileage to be driven as well.**

Mileage By State (In Thousands)				
AL			NE	
AZ			NV	
AR			NH	
CA			NJ	
CO			NM	
CT			NY	
DE			NC	
DC			ND	
FL			OH	
GA			OK	
ID			OR	
IL			PA	
IN			RI	
IA			SC	
KS			SD	
KY			TN	
LA			TX	
ME			UT	
MD			VT	
MA			VA	
MI			WA	
MN			WV	
MS			WI	
MO			WY	
MT			AK	

**I hereby attest that the mileage listed above is an accurate reflection of total mileage and mileage per state to be driven, at time of completion of this application. I understand that any variations to the mileage listed above could result in a change in premium.**

**Applicant's Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**

**Agent's Signature: \_\_\_\_\_**

**Date: \_\_\_\_\_**